FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executable certificate, writing the word "pending" in pending in liem 18. Give Pages 1, 2, and 3 to the fourer director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form FM3. Page 5 may be referred for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a busial-transit permit. File pages 1 and 2 with the Shire Board of Heathwar is designated agent, prior to busial, cremation, or removal, and in any event within 22 hours after death. M

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VS. A15ME 5M 2/57

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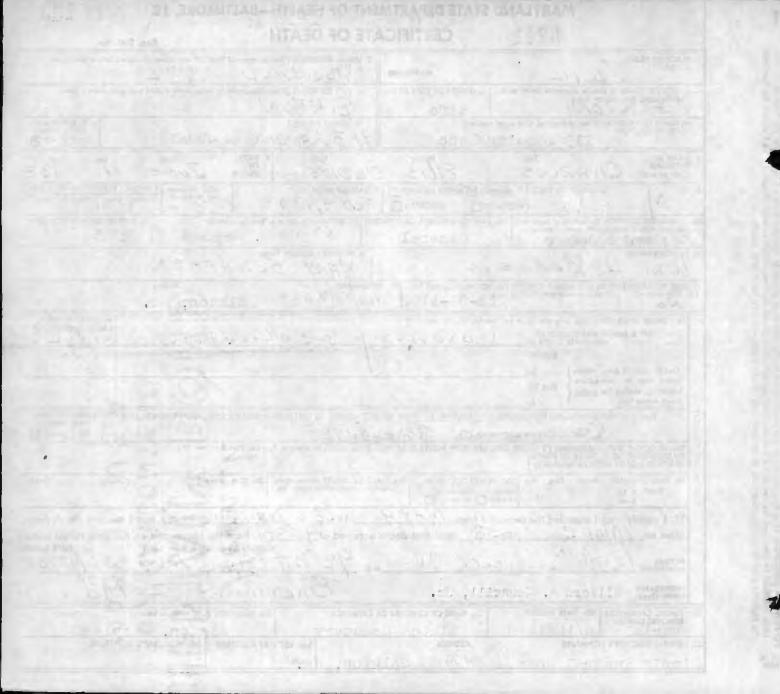
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 672 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	44.24							Keg. L	JIST. INO	
1. PLACE OF DEATH					2. USUAL RESIDENCE	Where deced			lence bef	fore admission)
	cil		MAI	RYLAND	o STATE W. Va	b.	b. COUN	TY		
b. CITY OR TOWN	(if outside corporate limits, write	EURAL C.	LENGTH OF STA	Y IN 15	c. CITY OR TOWN		porate limits, writ	RURAL on	id give n	earest town)
Elkto			5 m	dn_	Smit	here		85	X 3	
	TAL OR INSTITUTION (IF	not in hospitat			d. STREET ADDRESS					e. IS RESIDENCE
Unic	Hospital						V			YES NO.
3. NAME OF DECEASED (Type or print)	Vi.vi.om		Middle Viola		Arthur	4. DATE OF DEATH	Mon		Doy 30	Year 19 58
5. SEX		MARRIED T	NEVER MARRI	IED 18	DATE OF BIRTH		9. AGE (In yours	IFUNDE	-	IF UNDER 24 HRS.
F.		WIDOWED [DIVORCE		2-5-1895		four birthday) -	Months	Days	Hours Min.
	ION (Give kind of work doing life, even if retired)	one 10b. KIND	OF BUSINESS O	R INDUST	RY 11. BIRTHPLACE (Stol	e or foreign	country)	12. CI1	TIZEN OF	WHAT COUNTRY
House	rife	Ho	se Keep	ing	Jackson	o Obie	D	U	25.4	
13. FATHER'S NAME					14. MOTHER'S MAIDEN					
Vzek	Statem				Minnie Sh	enard			,	
The second secon	VER IN U. S. ARMED FOR		IAL SECURITY NO	O. 17. IP	FORMANT	ore position in	Addres	16		
70	fin key, Bree mon on doien on se	No	nan .	Δ1	rthur Hutchi	neon.	Chessnes	los Cii	tar.	Md . Br. 16
	ATH Enter only one coust				NOTE TO COLL	Timetij	CARCELES AND	- CAL	INTER	VAL BETWEEN
	ATH WAS CAUSED BY:								CINSE	HIASO DEATH
W. On I	IMMEDIATE CAUSE (0)	Acu	te Coron	HTY						110
400.	DUE TO									
Conditions, if		Нура	rtensio	10						
(a), stating the	a story P. Water									
couse last.) (c)_									
Z PART II, OT	THER SIGNIFICANT COND	TIONS CONTR	BUTING TO DEA	ATH BUT N	OT RELATED TO THE TER	MINAL DISEAS	SE CONDITION G	IVEN IN PAI	RT 1(o) 15	9. WAS AUTOPSY PERFORMED?
5									1	ES NO
PART II. OT	AUSE WAS DITRIBUTING 206	DESCRIBE HO	W INJURY OCC	URRED. (E	nter noture of injury in Po	ort Lor Part I	of item 18:)			
		Tana Butti	RY OCCURRED	20- 81 40	CE OF INITIARY IN	- 504 153		16.		
Hour a. m		While at work	Not while	facto	TE OF INJURY (Home, for ory, street, office bldg., et	c.)	y ar rown)	(Co	ounty)	(Stole)
	that I took charge			ed abou	va hald as Autan				5	
			_			· Samuel ·	nspection 📑		ry 🔠	
opinion death	resolted fram: N	aturol cous	es Acc	cident [, Suicide ,	Homicide	Undet	ermined	manne	ı 🗌
1	12 VII K	100	1 10	7 1						DATE SIGNED
SIGNATURE	MUST	Ud	NO	0	M.D. CHIEF MEDICAL	EXAMINER [)			A STOLATO
					ASSISTANT MEDI	CAL EXAMIN	ER 🔲			
EXAMINER'S NAME (Type)	R.C.Dedson				DEPUTY MEDICAL	EXAMINER		6-2	0-58	
220. BURIAL CREMATI	ION. 225. DATE THEREOF		NAME OF CEM	ETERY OR	CREMATORY	228. LOC/	TION (City, town,	or county)	- 200	(Stote)
REMOVAL (Specif	6-30-ER		Hughes	Ure	ek Cemete:		ouston.	West	. W.S	rginia
23. FUNERAL DIRECTO	R'S SIGNATURE	M)	ADDRESS	01.0		L LY REGIS		ISTRAR'S SI	Commonweal	
25.1		N.	2/22 9	o Fr		JUL 7	'58	681	A	V
TThhTH T	uneral Hom	- X2-10	1 / MARIE	الدائد ياد	Troom, house	OOL '	4	No le	year !	^

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		restant.	.0213	List	
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MARYLAND STATE DEPARTMENT OF

HEALTH-BALTIMORE, 18



VS A15 (4) 15M 9/55

		()	4 10	CERTI	11107	IIL OI	DEATH	ł .		Reg. Dis	t. No.		
1,	PLACE OF DEATH					2. USUAL RES	IDENCE (Whe	ere deceosed	d lived. If institu		e befor	e odmissi	ion)
	Uec	cil		MARI	/LAND	a. STATE	aryla	ind	b. COUNT	TY U	eci	1	
	b. CITY OR TOWN (I RURAL and give ne	f outside corporate lim	is, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If ou	itside corpo	rote limits, write	RURAL and g	ive neg	rest fown)
		cton		2 mont.	hs	% Che	erry h	ill					
	d. NAME OF HOSPIT	AL (If not in hospital, s	jive street	oddress)		d. STREET	ADDRESS	· · · · · · · ·	-		1	e. IS RES	
	473	evine Hav	en			A.	R. D) . #t	3				FARM?
3.	NAME OF DECEASED	Fi	n!	Middle		le	fac	4. DATE	M	onth	Doy	, ,	regr
	(Type or print)	John	Th	omas	1	eers		OF DEATH	June		19	1	9 58
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	ED A	B. DATE OF BIR	TH		9. AGE (In year		_		
	M	Wh.	WIDOW	ED DIVORCE	0 🗆	Jan. 1	5, 18	388	70 yr		Doys	Hours	Min.
100	during most of work	ON (Give kind of work	done 10b.	KIND OF BUSINESS C	OR INDUS	TRY 11. BIRTHE	LACE (Stole o	or foreign co	ountry)	12. CITI	ZEN OI	TAHW	COUNTRY
	Self Er	nployed	1	aper Han	gine	Ceci	il cou	inty,	Md.	U.	. S	. A.	
13.	FATHER'S NAME					14. MOTHER	S MAIDEN NA	AME					
	Rich	nard Beer	S			Sai	rah Uu	rry					
15.		R IN U. S. ARMED FOR		SOCIAL SECURITY NO), 17. IF	FORMANT			Ac	ddress			
	NO NO	No			1.17	s. Jos	seph E	d. Br	yson,	R.D.#:	S E	lkto	on, l
	PART I, DEA	TH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (o). (b). and (c). terioscler	_	cardio	vascula	ar di	sease		ONSI	RVAL BET ET AND Unkno	DEATH
	422.1	DUE TO	•										
	Conditions, if an)						120				
	couse (o), stating (
7	lying cause last.) (c							1111				
OF.		IER SIGNIFICANT CON					O THE TERMIN	IAL DISEASI	CONDITION G	IVEN IN PART	1(a) 19	PERFOI	RMED?
S.		Duodenal u										YES 🗌	NO 🎇
L CERTIFICATION	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	ZOD, DES	CRIBE HOW INJURY O	CCURRED	. (Enter nature	of injury in Po	ort 1 or Part	If of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. n. p. m.	Y Month, Day, Ye	While of wor	NJURY OCCURRED Not white	20e. PLA foc	CE OF INJURY ory, street, office	(Home, farm, be bldg., etc.)	20f. (City	or fown)	(Ca	ounty)		(State)
	21. I certify the	at I attended the	deceas	ed from Jan.	12	. 19 5	7. to Ju	me 19	19.5	8 that I la	act co	w the	deceased
		une 18	12			occurred at	1:30p	M. from	the causes	and an th	e dot	e state	d abave
		Vala	11	161.	31				reet, city or town		0 001		TE SIGNED
	ACTUAL SIGNATURE	J.1991	1. 1	Trillens	AP.	i.D	35 E 1	fain S	troot		Ta	me 2	20.195
	PHYSICIAN'S	1 /	1	*	V							144 April 116	and grade while
	NAME (Type)	S. RALI	PH AN	DREWS, JR.	M	0		Elkto	n, Mary	land			
220	BURIAL, CREMATION			22c. NAME OF CEM				22d. LOCAT	ION (City, town	, or county)		(Slate)
			,195		f Uh	ristia	ina	Nevia	rk R.	D	D	ela	mre
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			240. REC'D			SISTRAR'S SIGI			
1	IPPIN FUN	ERAL HOM	F. D	tomale The L	lee 6	LKTON	DATE	UN 2 4	'58 (Whea	ue	A	

The state of the s The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6743 CERTIFICATE OF DEATH

Neg. Dist. No. 06735

	. PLACE OF DEATH	CEC	12	MARYLAND	2. USUAL RESIDENCE	(Where deceased live	d. If institution: Re b. COUNTY	esidence before admission)
ŀ	b. CITY OR TOWN	(If outside corporate limit	s, write c. LENC	OTH OF STAY IN 16	c. CITY OR TOWN	If autside corporate	limits write RURAL	ond give regrest town)
Н	RURAL ond give	nearest town) FLK	TON 7	hours	X NOF	RTH F	AST	,
	d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	, , , , ,	10013	d. STREET ADDRES	S		e. IS RESIDENCE
	OK INSTITUTION	MNION	HOSP	ITAL	1	K D #	t Z	ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	NOR	RIS	Middle D ,	BOYD	4. DATE OF DEATH	Month 6	0ay Year 4 19 58
	5. SEX	6. COLOR OR RACE	7. MARRIED (1)	DIVORCED [B. DATE OF BIRTH	-1912 9.16	GE (In years IF UI Mor	NDER 1 YEAR IF UNDER 24 HRS. nths Days Hours Min.
	GEN, IV	ION (Give kind of work or rking life, even if retired) ANAGER	WILE	Y MFG. CO		ORD ,		2. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	ELIAS	BOY	D	LAU		URNE	R
	(Yes, no, or unknown)	ER IN U. S. ARMED FORG	mical A & I	SECURITY NO. 17.	ELVA !	BOYD	RD#2	N.E. Ma.
		ATH (Enter only one con ATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO		(b), and (c).] YOCAR	DIAL F	ALLUR	E	INTERVAL BETWEEN ONSET AND DEATH 5 MINUTES
	Conditions, if gave rise to	ony, which) (b)	C.V.	4 CERE	BRAL HE	MORRH	AGE)	7 hours
	lying couse lost	(c)		YPEF		10N		UNKNOWA
	\$ 260 X	DIABE	TES	ITING TO DEATH BU	T NOT RELATED TO THE TI	ERMINAL DISEASE CO	NOITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING	G LI CAUSE OF DEATH	206. DESCRIBE HO	'NOT	D. (Enter noture of injur)	in Port I or Port II o	Fitem 18.)	
	20c. TIME OF INJU Hour G. p. m.	16		t whilefc	ACE OF INJURY (Home, iclory, street, office bldg.,	farm, 20f. (City or to etc.)	own)	(County) (State)
	21. I certify t	hot I attended the	- 44		3 -, 19 58, to			of I last saw the deceased on the date stated above.
	ACTUAL SIGNATURE	Kuish	Lura		M.D		city or town, stole)	
	PHYSICIAN'S NAME (Type)	LUISA	1, CUZ	A	No	RTH E	AST	MARYLAND
	78EMOVAL (Specify	ON, 226. DATE THEREO	58 E	ME OF CEMETERY	Cematory	22d LOCATION	(City, town, or cau	Penin.
	Cermon	ETMS The	Men 19	cessing &	en Tol. DATE	EC'D BY REGISTRAR	246. REGISTRAR	'S SIGNATURE

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessary, please execute the certificate, writing the ward "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained for your files.

TO FUNERAL DIRECTOR: Page 3 should be ested as a burial-transit permit. File pages 1 and 2 with the 5th coord of Health, or remarkon, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57 I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 675 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. (165736

o. COUNTY Cecil	MARYLAND	o. STATE Mary 1a		b. COUNT		
b. CITY OR TOWN ith outside corporate limits, write RURAL and give nearest town; North East	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corp	orote limits, write		earest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos V.P.W. Home		d. street ADDRESS Main St				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) James	Middle	Bradlev	4. DATE OF DEATH	Month 6	Doy	Year 1958
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED B			9. AGE (In years last birthday) 41 yrs.	Months Days	Hours Min.
10c. USUAL OCCUPATION (Give kind of work done 10b.) during most of working life, even if retired) P111mber	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote Maryla)		ountry)	12. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	11 40 000	rormant rs. Margaret	A.Rei	Address		more20
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)					INITE	T AND DEATH
Cenditions, if ony, which gove rise to immediate cause (e), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CO	DITRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	'EN IN PART 1(0)	9. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CO	E HOW INJURY OCCURRED. LE	inter noture of injury in Por	t f or Fort II	of item 18.)		YES 🔲 NO 😡
20c. TIME OF INJURY Month, Day, Year 20d. Hour o, m. Whil	£	CE OF INJURY (Home, form ory, street, office bldg., etc		or lown)	(County)	(Stote)
21. I certify that I took charge of the opinion death resulted from: Natural ACTUAL SIGNATURE		_	Hamicide	spection y, Undete	Inquiry 🙀	
EXAMINER'S NAME (Type) R.C. Dodson		ASSISTANT MEDICAL			6-9-58	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BUTTIAL CONTROL DISCONSISIONATURE COLUMN TO THE THEREOF REMOVE THE THEREOF REMOVAL (Specify) COLUMN TO THE THEREOF REMOVE THE THE THEREOF REMOVE THE THE THEREOF REMOVE THE THE THE THE THEREOF REMOVE THE THE THE THE THE THE THE THE THE TH	Balto Nat Cen ADDRESS North East	netery	Baj		Md STEAR'S SIGNATUR	(State)

ALK DESCRIPTION OF THE RESERVE OF TH The second second second second second ATT THE THE PARTY AND THE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAFE Rea. Dist. No. HEALTH DEPT. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where decoased lived If institution, Residence before admission) b COUNTY Cecil Page a. COUNTY files. Health, o. STATE MARYLAND Cecil b. CITY OR TOWN Ist aviside corporate binds, write RURAL E. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d pr Corryville Aikem d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 900 d STREET ADDRESS e 15 RESIDENCE ON A FARM? YES 🔲 NO 📮 George Burch Wharf reto: NAME OF First Middle 4 DATE Manth Year DECEASED (Type or print) Leslie. DEATH 1958 5. SEX 6 COLOR OR RACE 7 MARRIED A NEVER MARRIED 1 8 DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS #ay t last birthday) Months Days Hours Min WIDOWED [7] DIVORCED [7] 50 0 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) Poge 1 and in 72 h 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Sta Kenton, Del. Give Pages 1 h farm PM3. pages 16. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Redgrave Abner R. Burrows 17. INFORMANT 41 15. WAS DECEASED EVER N U S ARMED FORCES? 16 SOCIAL SECURITY NO in Hem. 18. Gice along with f 6**-01-**7822 Mrs. Mary E. Burrews. Adken. Md. along 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Acute Cerenary Threshesis 420,1 DUE TO Conditions, if ony, which gave rise to immediate couse DUE TO (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY PERFORMED? Medical Id be use NO 🚆 200. EXTERNAL CAUSE WAS PRIMARY () or CONTRIBUTING () 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or town) (County) (State) factory, street, office bldg., etc.) Hour Not while to the at work ol work p m 21. I certify that I took charge of the remains described above, held on Autopsy [], Inspection and in my certificate, v forwarded DIRECTOR: crok: opinion death resulted from: Natural causes [1], Accident , Suicide . Homicide . Undetermined monner MEDICAL **ACTUAL** DATE SIGNED SIGNATURE FUNERAL P ASSISTANT MEDICAL EXAMINER **EXAMENER'S** RaCaDodsom, MaDa DEPUTY MEDICAL EXAMINER NAME (Type) 220. BUR AL, CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) Burieri 6-17-1958 Hopewell Deposit Md . Rural Cem. Port 40 ADDRESS FUNERAL DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

Perryville Md. DATE JIN 1 8 '58

VS. A15ME

<u>_</u>, 7 7. 2. 75

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06738

Elkton, Laryland

24b. REGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH 5724 Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o. STATE **b. COUNTY** MARYLAND Cecil Cecil b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town) RURAL and give nearest town! Yrs. Elkton d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Water Street Union YES NO TE 4. DATE OF DEATH **First** Middle Lost Day Year 19 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Doys White WIDOWED [DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. during most of working life, even if retired) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY U.S.A. Marion. Virginia house-wife яt home 14. MOTHER'S MAIDEN NAME Dolly Ethel MERRY George Matt Cole 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Elkton. Md. 214-26-4 Peter Foreacre 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), slating the under-PART 11. OTHER SIGNIFICANT COMBITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)[19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, | 20f. (City or lown) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Not while of work at work 21. I certify that I attended the deceased from 19 12 that I last saw the deceased and that death accurred at 3.1455 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify)

958

23. FUNERAL DIRECTOR'S SIGNATURE

Funeral Home

Weslev Charel

Elkton,

ADDRESS

Gemeter.

DATE . ELLIN

lad .

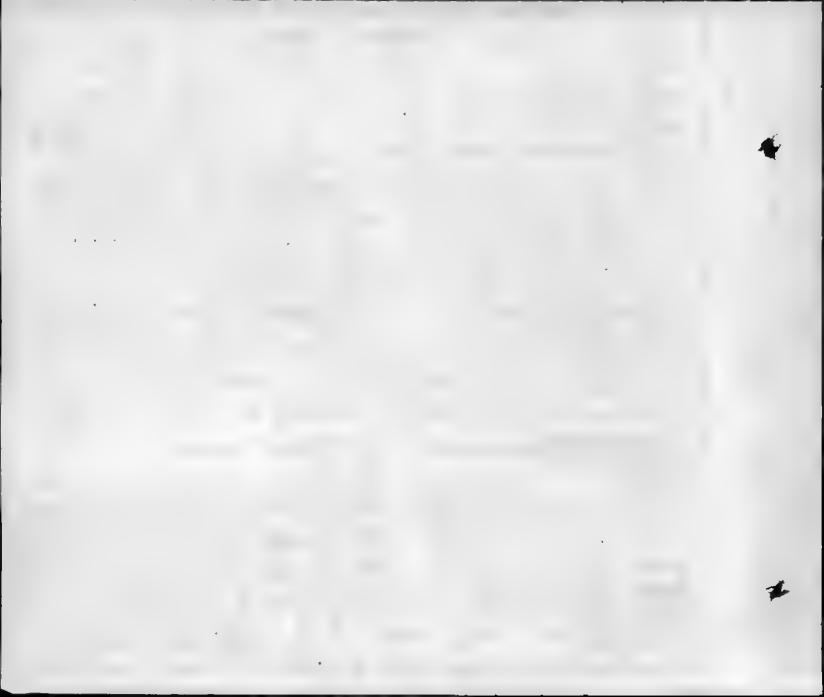
Nr.

24a, REC'D BY REGISTRAR

VS A15 (4) 15M 9/55

9

FUNER



VS A15 (4) 15M 9/55

F.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 675

2	CERTIFICATE	OF DEATH

Reg. Dist. No. 6739

1. PLACE OF DEATH o. COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. b. COUNTY Cecil
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest lown RURAL CCCILION 4yrs.	c. CITY OR TOWN (if autside carporate timits, write RURAL and give nearest town) Rural Cecilton
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES ON
3 NAME OF DECEASED (Type or print) Vernon His	usfelt 4. DATE Month Day Year OF June 26 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 DIVORCED 1	B. DATE OF BIRTH Oct. 26, 1992 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Tenant Farmer Tenant Farmer	USTRY 11. BIRTHPLACE (State or foreign country) Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
John W. Husfelt	14. MOTHER'S MAIDEN NAME Sarah Boulden
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17.	INFORMANT Address Elizabeth Husfelt Rural Middletown Del.
18. CAUSE OF DEATH [Enter only one cause per tine for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER	PERFORMED? YES NO D ED. (Enter nature of injury in Part II or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the p. m. 19 While of work at work 19	LACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) actory, street, affice bldg., etc.)
21. I certify that I attended the deceased from 26 alive on 026, 195, and that death actual signature Physician's HARRY L. HOCH	h occurred at 1/32 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state): DATE SIGNED M.D. 24/58
226. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CORRECTION JUNE 29,1958 Johntown Co	
23. FLANDARY SIGNATURE Millington	240. REC'D BY REGISTRAR 246-REGISTRAR'S SIGNATURE DATE JUL 1 '58 Ulfreduch



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



ALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 96 I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) e. COUNTY **b. COUNTY** Cecil Marvland MARYLAND b. CITY OR TOWN (if outside corporale limits, we a RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town). Perry Point 7 yrs. 1 mo. Raltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street pddress) d STREET ADDRESS IS RE IDEN! ON A FAE.A. 1409 N. Patterson Park Ave. Veterans Administration Hospital YES NO TO 3 NAME OF DECEASED DEATH (Type or print) LAFIRENCE S. KRIES June 19 58 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 9. AGE I'm years IF UNDER TYEAR IF UNDER 24 HE last birthday) Days Hauni Male White WIDOWED | DIVORCED TO 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 B RTHFLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? unknown Electrician Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lawrence J. Kries Anna Hooper 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT (If yes, give wor or dates of service) Hospital Records, VAH, Perry Point, Md. 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEETS PART F, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (0) Acute Coronary Occlusion 2 Minutes DUE TO Conditions, if ony, which) gave rise to immediate couse DUE TO (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0)19. WAS AUTOPSY PERFORMED? No [206 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part fil of Item 18.) 20o, EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 1 20f. fCity or town) (County) (Stota) factory, street, office bldg., etc.) Hour a. m. Nat while at work of work 21. 1 certify that I taak charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X. opinion death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined manner DATE SIGNED

ASSISTANT MEDICAL EXAMINER [7] DEPUTY MEDICAL EXAMINER D

22c. NAME OF CEMETERY OR CREMATORY Lorraine

22d LOCATION (City, town, or county) Baltimore, Md.

O

SIGNATURE

EXAMINER'S

NAME (Type)

Burial

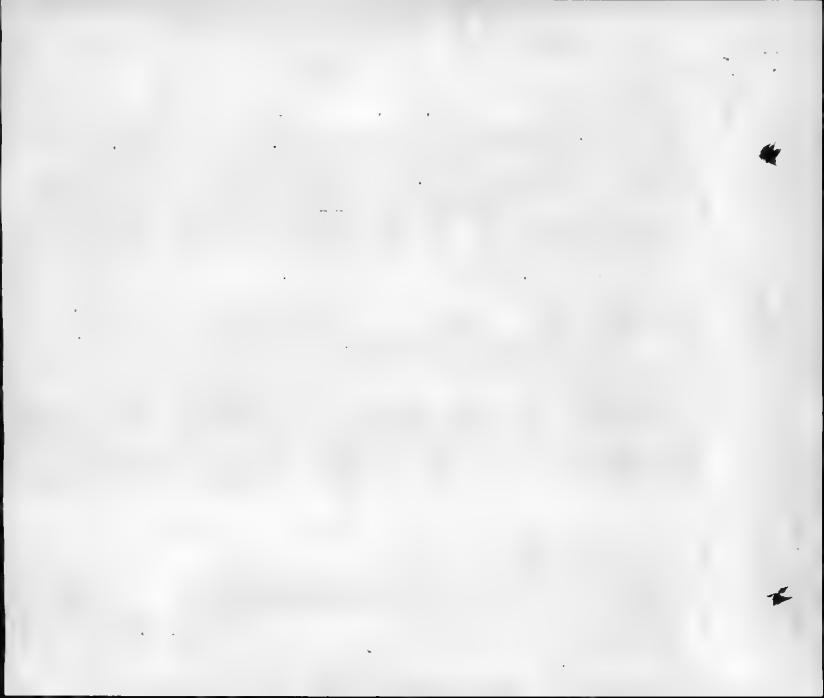
REMOVAL (Specify)

220 BURIAL CREMATION, 226 DATE THEREOF

ADDRESS

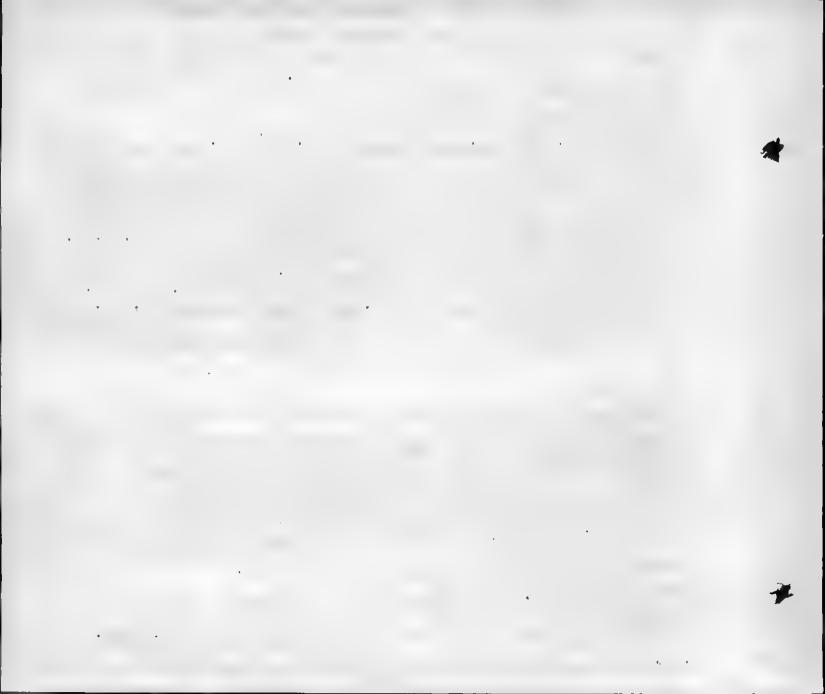
24o, REC'D BY REGISTRAR

246_REGISTRAR'S SIGNATURE





	MARYLAND STATE DEPARTMENT OF HEALTH-	BALTIMORE, 18 06743
(1	6745 CERTIFICATE OF DEATH	Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY Cecil MARYLAND 2. USUAL RESIDENCE (Where o. STATE Nid.	b. COUNTY Cecil
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) Elkton Life 2/ Elkton	ide corporate limits, write RURAL and give rearest town)
1,	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION , d. STREET ADDRESS	in St. e. is residence on A FARM? YES NO D
	3. NAME OF DECEASED (Type or print) (Type or print)	DATE OF Month Day Year OF DEATH Juna 9 195
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED DIATCH 2, 186	9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS
7	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or during most of working life, even if retired) At Home House Wife Colora, M	foreign country) 12. CITIZEN OF WHAT COUNTS
	Josiah Woodrow Jane E.	ME
The second state	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT ("os. no graphsown) If yes, give wor or dotes of service) None Mrs. Katie Mar	317 WAddrekain St.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caralog C	INTERVAL BETWEEN ONSET AND DEATH
	450.0 DUE TO	Toselerosis.
	gove rise to immediate couse (a), stating the under-tying cause last. DUE TO (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES \(\) NO \(\)
	200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1 I or Port II of item 18)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. n. While Not while at work at work at work	20f. (City or town) (County) (State
		M, fram the causes and an the date stated aba
	ACTUAL SIGNATURE ON CLEAR HOLE SOLOT	DRESS (Street, city or Igwn, stote)
1	PHYSICIAN'S Milford H. Sprecher	
	REMOVAL (Specify)	dd. LOCATION (City, town, or county) (Stote)
*		THE STREET STREE
	21,107/12	



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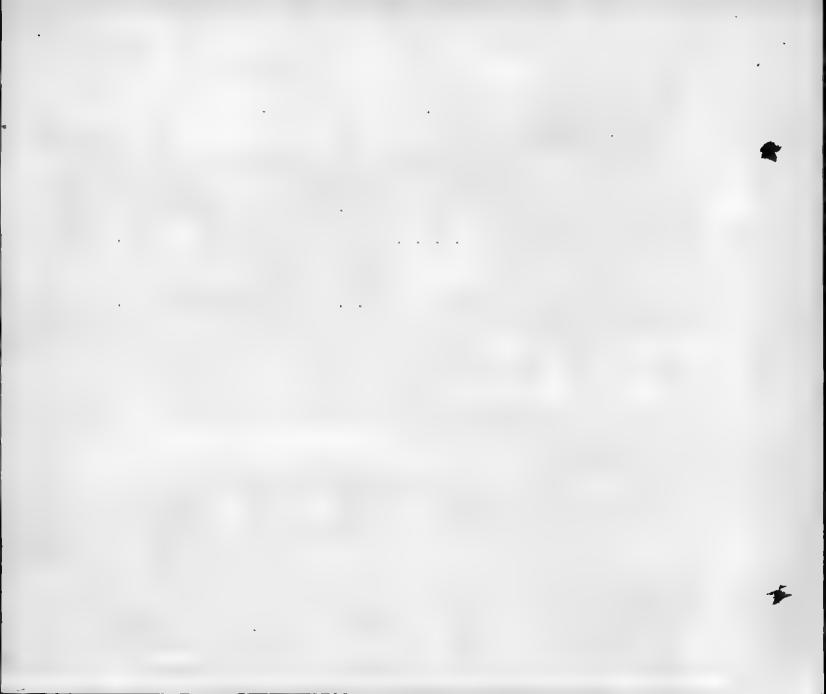
1	6756	CERTIFICA	ATE OF DEATH	Reg.	Dist. No.
	1. PLACE OF DEATH Cecil	MARYLAND	2. USUAL RESIDENCE (WHO STATE Maryl.	nere deceased lived If institution, Resident 6. COUNTY	dence before admission) Cecil
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) North East,	c. LENGTH OF STAY IN 16		outside corporate limits, write RURAL or	d give nearest town)
	or Institution Pratt's Nursing Ho	· ·	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO A
	3. NAME OF DECEASED (Type or print) Pavid	Middle	Ma ckey	4. DATE Month OF DEATH 6/15/5	Day Year 8 19
	s. sex 6. color or race 7. mark	ED DIVORCED	B. DATE OF BIRTH Jan. 14, 187	0 88 yrs. Month	ER I YEAR IF UNDER 24 HRS Days Haurs Min.
):		KIND OF BUSINESS OR INDUB. $B.\&.O.R.R.$	Donegal,	rrerand ha	t.8/4/37-USA
N	David Mackey		Jane Oliv	er	
	Unknown (If yes, give wor or dates of service)	nknown M	rs.E.Mackey	, North East, M	d.
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) LLOCO DUE TO		. Arteriosele	ras. 5	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate case (a), stating the under-lying cause lost.	-14-	**Philipping**********************************		
و	PART II. OTHER SIGNIFICANT CONDITIONS OF DEATH 200. ACCIDENT WAS UNDERLYING OF DEATH OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIVEN IN P	ART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO X
		CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d I Hour o.m 19 While of wor	Not white fo	ACE OF INJURY (Home, form clory, street, office bidg., etc.	-	(County) (State)
	21. I certify that I attended the deceas		, 19 <u>.5</u> £, to accurred at <u>වී: 5</u> දා	15 June 1958 that M. fram the causes and an	I last saw the deceased the date stated above.
	ACTUAL SIGNATURE SIGNATURE 15/18/2009 14. 1	fucture.	2/ /	ADDRESS (Street, city or lown, stote)	DATE SIGNED
į	PHYSICIAN'S NAME (Type) STAUS H.	Huchmer F.	O.		
	220. BURIAL, CREMATION, 22b. DATE THEREOF burial (Specify) 6/18/58	Gracelawn 1		rk, Farnhurst, De	
	23. FUNERAL DIRECTOR'S SIGNATURE	northicas) on I	D BY REGISTRAR'S	SIGNATURE

may be refolined by the hospital or attending physician.

TO FUNEY COMPLETOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 d. 2 should be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 V5 A15 (4) 1\$M 9/\$5

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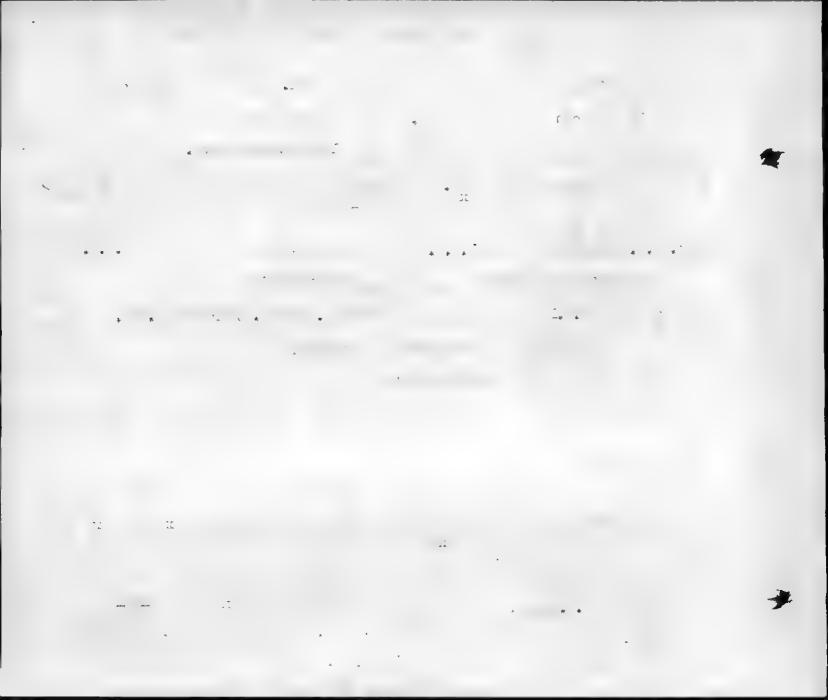
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1	COUNTY	тн			- II	E (Where deceased liv		Residence bef	ore odm
		Cecil		MARYLAI	o Saryle	and	P COUNTY	Cecil	
b	ond give neare	VN (1 auts de corperole il town)	firmits, write RUR	c. LENGTH OF STAY IN		N (If outside corporate		AL and give no	eorest to
-		t Deposit		to yrs.		epesit Rel	•		
0	NAME OF HO	DSPITAL OR INSTIT	UTION (If no	t in hospilos, give street address)	STREET ADDRE	55	-		ON YES
	NAME OF DECEASED Type or print)	Curtis	First	Wilson	Maiore I.I.	4. DATE OF DEATH	Month 6	5 Doy	1
5. 9	ΕX	6 COLOR C	R RACE 7	MARRIED T NEVER MARRIED	8. DATE OF BIRTH			INDER TYEAR	IF UND
	M	W	W	DOWED DIVORCED	10-4-1893		hirthdoy) Mo	nths Doys	Hours
100	USUAL OCCU	FATION (Give k'nd rorking life, even il	of work done	106 KIND OF BUSINESS OR IND	USTRY 11 BIRTHPLACE (S	tote or foreign country) 1	2 CITIZEN OF	WHAT
	Farms			CMMe 12	Cecil	Co. Md.	t	Jas A.	
13.	FATHER'S NAA	AE .			14. MOTHER'S MAID	EN NAME			
	Wilb		axwell		Mararget	Brown			
	WAS DECEASE no, of poknown)	DEVER IN U. S. AT			. INFORMANT		Address		
	720			222-12-6802	Mrs. Curtis	Maccwell, 1	Pert Depe	esit, M	d. 1
	Conditions,	if ony, which)	fls3						
	Conditions, gave rise to i (o), stating	mmediate cause	(b)						
CATION	Conditions, gove rise to i (o), stating course fast.	mmediate cause the underlying	DUE TO	INS CONTRIBUTING TO DEATH BE	IT NOT RELATED TO THE T	ERMINAL DISEASE CON	NDITION GIVEN II		WAS PERFO
CERTIFICATION	Conditions, gove rise to i (a), stating course fast. PART II.	mmediole couse The underlying OTHER SIGNIFICA L CAUSE WAS TONTRIBUTING C	(c)	ONS CONTRIBUTING TO DEATH BU					PERFO
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RTIFI	Conditions, governise to it (o), storing course fost. PART II. 20c. EXTERNAL PRIMARY On CAUSE OF DE TOURSE OF DE TOURSE OF DE TOURSE OF THOUR SECTION OF THOUSAND OF THOUR SECTION OF THOUSAND OF T	mmediole couse The underlying OTHER SIGNIFICA L CAUSE WAS T CONTRIBUTING CATH. INJURY Month,	CONDITION OF THE PROPERTY OF T	20d INJURY OCCURRED 20e	Enter noture of injury in	Part I or Part II of ite form, 20f (City or to etc.)	m 18 } wn}	{County}	PERFO
CERTIFI	Conditions, governise to it (o), storing course fost. PART III 200. EXTERNAL PRIMARY OF DE CAUSE OF DE HOUR CAUSE OF DE HOU	OTHER SIGNIFICAL L CAUSE WAS TO CONTRIBUTING CATH. INJURY Month, L March 19 Month, Marc	(c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	20d INJURY OCCURRED 20e While Not work of work	FLACE OF INJURY (Home, lactory, street, office bldg ,	Part I or Part II of ris form, 20f (City or la	m 18} wn) Deposit	(County)	PERFO ES []
CERTIFI	Conditions, gove rise to i (o), storing course fost. PART II. 200. EXTERNA PRIMARY On CAUSE OF DE 20c. TIME OF Hour experience of the certific course of the certific course of the certific course of the certific course of the certific	mmediale cause the underlying OTHER SIGNIFICA L CAUSE WAS TOONTRIBUTING DATH. INJURY Month. The Significant of the contribution of the contrib	DUE TO (c) (c) 20b Di 20b Doy, Yeor 5 19 58 charge af	20d INJURY OCCURRED 20e	PLACE OF INJURY (Home, actory, street, office bldg, Home) bave, held an Auto	Part I or Part II of ris form, 20f (City or la	m 18} wn) Deposit ction x, Ir	(County) Cocil	PERFO ES an
CERTIFI	Conditions, gove rise to i (o), storing course fost. PART II. 200. EXTERNAL PRIMARY Do CAUSE OF DE 20c. TIME OF Hour primary control of the	mmediale cause the underlying OTHER SIGNIFICA L CAUSE WAS TOONTRIBUTING DATH. INJURY Month. The Significant of the contribution of the contrib	DUE TO (c) (c) 20b Di 20b Doy, Yeor 5 19 58 charge af	20d INJURY OCCURRED 20e While Not while of work of work the remains described a	FLACE OF INJURY (Home, factory, street, office bldg, Home) bave, held an Auto	form, 20f (City or to etc.)	m 18} wn) Deposite ction (), Ir	(County) Cocil	PERFO ES O
CERTIFI	Conditions, gove rise to i (o), storing course fost. PART II. 200. EXTERNAL PRIMARY DO CAUSE OF DE 20c. TIME OF Hour grant primary control of the control	mmediale cause the underlying OTHER SIGNIFICA L CAUSE WAS TOONTRIBUTING DATH. INJURY Month. The Significant of the contribution of the contrib	DUE TO (c) (c) 20b Di 20b Doy, Yeor 5 19 58 charge af	20d INJURY OCCURRED 20e While Not while of work of work the remains described a	PLACE OF INJURY (Home, factory, street, affice bldg, Home) bave, held an Auto It, Suicide	form, 201 (City or lo etc.) apsy, Inspe , Homicide,	m 18} wn) Deposit ction x, Ir	(County) Cocil	PERFO ES O
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t.	PLACE OF DEATH		58	The state of the s	2. USUAL RESIDENCE	Where decease			other site and
	o. COUNTY	ecil_		MARYLAN	o. STATE		P COUN	iv lencastila	R
1	o. CITY OR TOWN (and give neorast few	I autside corporate timits n).	of mustal BRUFF	c. LENGTH OF STAY IN 1	c CITY OR TOWN (I	f outside corp	orote limits, write	RURAL and give	e nearest town)
-	Char	lestown		2 110	d. STREET ADDRESS	ton		April	To 15 RES DENICE
'	S. NAME OF HOSPI	IAL OR INSTITUTEO	DN (If not in ho)	spital, give street address)	ll l				ON A FARM?
3	NAME OF		First	Middle	1122 Lan	CARTEIN TA DATE	AVE	Ih D	YES NO
	DECEASED (Type or print)		* 11 21			OF DEATH	4	. 2	7 19 58 :
5.		6. COLOR OR RA	ACE 7. MARRI	ED NEVER MARRIED		1	9 AGE (In years	IF UNDER TYE	201
	M	100	WIDOWE	D DIVORCED	2-4- 1895		63 yrs	Months Days	Hours Min.
100	USUAL OCCUPAT	ION (Give kind of wing life, even it retir	rark dane 10b (KIND OF BUSINESS OR INDE	JSTRY 11 BIRTHPLACE (State	s or fareign c	auntry)	12. CITIZEN	OF WHAT COUNTRY
Ra	FATHER'S NAME	-		P-R-R-	Marylan			U.S.	.A.
	Char	les Henry	Murphy	•	Bertha McG	na fareke			
		VER IN U.S. ARMED			INFORMANT		Addres	\$	
	7/88	W-W-T	-		Delah II Mana	lens (II)			
						EV . UI	27:10:0167	Ala Mila.	
				far (a), (b), and (c),]	Ralph H. Murp	ny, un	arleston	115	HERVAL BETWEEN
	PART I, DE/	ATH Enter only one ATH WAS CAUSED !	BY.	for (a), (b), and (c).]		ny. un		115	
	PART I, DE	TH WAS CAUSED !	BY. iE (o)	for (a), (b), and (c).] Acute—Cerenar		my• un	ara kasalon	115	
	PART I, DE/	TH WAS CAUSED ! IMMEDIATE CAUS DUE ony, which)	E (0)	far (a), (b), and (c),]		ny _• Cn		115	
	Canditions, if gove rise to imm (a), stating the	TH WAS CAUSED E IMMEDIATE CAUS DUE ony, which ediate couse	BY. iE (o)	for (a), (b), and (c).] Acute—Cerenar		ny, Ch		115	
X	Conditions, if gove rise to imm (o), stating the couse lost.	ATH WAS CAUSED IN IMMEDIATE CAUS DUE ONLY, which ediate couse underlying DUE	8Y. E (0) E 10 (b) H	for (a), (b), and (c).] Acute—Cerenar (ypertension				18 O	NSET AND DEATH
ATION	Conditions, if gove rise to imm (o), stating the couse lost.	ATH WAS CAUSED IN IMMEDIATE CAUS DUE ONLY, which ediate couse underlying DUE	8Y. E (0) E 10 (b) H	for (a), (b), and (c).] Acute—Cerenar (ypertension	y Ocedusien			18 O	NSET AND DEATH
TIFICATION	Conditions, if gove rise to imm. (a), stating the source last. PART II. 01	TH WAS CAUSED & IMMEDIATE CAUS OUE ONY, which ediate couse underlying THER SIGNIFICANT	(c) H	for (a), (b), and (c).] Acute—Cerenax (perionsion) ONTRIBUTING TO DEATH BU	y Ocedusien	AINAL DISEASI	E CONDITION GI	18 O	19. WAS AUTOPSY PERFORMED?
CERTIFICATION	Conditions, if gove rise to imm (o), stating the couse lost.	THE WAS CAUSED & IMMEDIATE CAUSE ONLY, which odioto couse underlying DUE	(c) H	for (a), (b), and (c).] Acute—Cerenax (perionsion) ONTRIBUTING TO DEATH BU	y Ocediusies	AINAL DISEASI	E CONDITION GI	18 O	19. WAS AUTOPSY PERFORMED?
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MEDICAL CERTIFICATION	Conditions, if gove rise to imm (a), storing the source lost. PART II, OT 200. EXTERNAL CAPRIMARY OF OF DEATH 200. TIME OF INJU-	THE SIGNIFICANT O	(c)	for (a), (b), and (c).] Acute Cerenex Typertension ONTRIBUTING TO DEATH BU THOW INJURY OCCURRED THOUGHT OCCURRED T	T NOT RELATED TO THE TERM [Enter nature of injury in Portion of the control of t	At NAL DISEAS! at 1 or Part 11 m, 20%, (City	cr tawn)	IVEN IN PART ?(a	19. WAS AUTOPSY PERFORMED? YES NO
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	Conditions, if gove tise to imm (o), stating the couse lost. PART II. OT 20a. EXTERNAL CAPRIMARY OF COCAUSE OF DEATH 20c. TIME OF INSIMour a. m. p. m. 21. I certify opinion death	THE WAS CAUSED & IMMEDIATE CAUSE ONLY, which ediate couse underlying DUE THER SIGNIFICANT OF THE WAS DISTRIBUTING DISTRIB	(b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	TOTAL	TNOT RELATED TO THE TERM [Enter nature of injury in Fa PLACE OF INJURY (Home, for actory, street, affice bidg., etc.) bave, held an Autop t [], Suicide [],	MINAL DISEASI of Lor Part It m, 20% (City sy, Ir Hamicide	of Hem 18.) or lawn)	(County)	19. WAS AUTOPSY PERFORMED? YES NO (State)
	Conditions, if gove tise to imm (o), storing the couse lost. PART II. OT 20a. EXTERNAL C. PRIMARY D or C. CAUSE OF DEATH 20c. TIME OF INJU- Hour a. m p. m 21. I certify II.	THE WAS CAUSED & IMMEDIATE CAUSE ONLY, which ediate couse underlying DUE THER SIGNIFICANT OF THE WAS DISTRIBUTING DISTRIB	(b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	TOTAL	T NOT RELATED TO THE TERM [Enter nature of injury in Pactory, street, office bidg., etc. bave, held an Autop t, Suicide,	Affinal Diseasi	of item 18.) or tawn) Inspection Undete	(County)	19. WAS AUTOPSY PERFORMED? YES NO (State)
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WEDICAL	PART I. DE/ LJ CO. Conditions, if gove rise to imm (a), starting the course lost. PARE II. OT 20a. EXTERNAL CAPRIMARY or CCCAUSE OF DEATH 20c. TIME OF INJU- Hour a. m. p. m. 21. I certify to pinion death ACTUAL EXAMINER'S NAME (Type) BUR.A. CREMAT	THE WAS CAUSED & IMMEDIATE CAUSE ONLY, which ediate couse underlying DUE THER SIGNIFICANT OF THE SIGNIFICANT	(c)	Acute Cerenex VPERTORSION ONTRIBUTING TO DEATH BU THOW INJURY OCCURRED TO NOT while of work of wor	T NOT RELATED TO THE TERM [Enter nature of injury in Pactory, street, affice bidg., etc. Dave, held an Autop LACE OF INJURY (Home, for ectory, street, affice bidg., etc. Dave, held an Autop LACE OF INJURY (Home, for ectory, street, affice bidg., etc. Dave, held an Autop LACE OF INJURY (Home, for ectory, street, affice bidg., etc.) ASSISTANT MEDICAL EASSISTANT MEDICAL CREMATORY Hedral, Cem	AINAL DISEASI THE TOT FOR 11 THE TOTAL THE T	of stem 18.) or tawn) ispection Undete	(County) Inquiry [ermined man	19. WAS AUTOPSY PERFORMED? YES NO (State)



06747

50 CERTIFICATE OF DEATH

6759 CERTIFICA					ALE OF DEATH				Reg. Dist. No.			
	1. PLACE OF DEATH o. COUNTY Cecil		MARYLAND	o. STAT	residence (wheel)	ere decease	d lived. If institution b. COUNTY	Ceci		odmin	ion)	
/	b. CITY OR TOWN (If outside corporate lim RURAL and give nearest town)	c. CITY	OR TOWN (If o	utside corpo	rote limits, write RI	JRAL ond g	íva negre	st lown)			
	North Bast		Lifetime	7.		East						
d NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION			us]	d. STR	Main	Stree	t			ON A	IDENCE FARM?	
	3. NAME OF Fi	ril .	Middle		Last	4. DATE	Monl	th	Day		Year	
	(Type or print)	ba		orcaro		OF DEATH	6		22		19 58	
			NEVER MARRIED	B DATE OF			lost birthdoy)	Months		Hours	Min.	
. :	Female hite	WIDOWED K			er 5,189		61 yrs.				COLLITANA	
Ī	180 USUAL OCCUPATION (Give kind of work during most of working life, even if retired)		JSTRY 11. BII	THPLACE (Stole	or toreign G	ountryj	12. Çili			COUNTRY?	
	Fire works maker	Pyro	otechnics	774 4407	HER'S MAIDEN N				US	<u>A</u>		
				14. MOI								
	William Came 15. WAS DECEASED EVER IN U. S. ARMED FOR		AL SECURITY NO. 117	INFORMANT		<u>Zeav</u>	er Addr	2011				
	(Yes, no, or unknown) (If yes, give war or dates of	service)	-01-5072		s Albert	HRe		h Bas	t. M	la rv	land	
	IP CAIRS OF DEATH (Sates and one of			4 44	3 7110(10	12.100	1000				TWEEN	
	PART I. DEATH WAS CAUSED BY:	PART I, DEATH WAS CAUSED BY:										
	IMMEDIATE CAUSE (c	1	010-1219						-	-7		
	Conditions, if ony, which)	7/ 1	Enrice Prodice	In secola	- Disca	1) C			8	V1.	5 *.	
	gove rise to immediate DUS TO											
	cosse (o), stoting the under-	2)										
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?											
41	PART II. OTHER SIGNIFICANT CON	Bron	chial As	th, ma						YES 🗍		
	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH											
	1 . 1		-									
	20c. TIME OF INJURY Month, Day, You Hour o. m. 19		Y OCCURRED 20e. I	LACE OF INJuctory, street,	URY (Home, form office bidg., etc.	, 20f. (City .)	r or town)	(C	ounty)		(Stote)	
	p. m. 19		of work	140								
	21. I certify that I attended the	deceased fo	rom Fib.	, 19	<i>5/</i> , 10	<u> 432 V</u>	Unc , 1952	Zthat C	ast sav	v the	deceased	
	alive on 31 fray	, 19.55	, and that deal	h occurre	1 ot 5 A.	M, from	n the causes a	nd an th	ne date	state	ed abave	
	140	1 71	,		11 1	ADDRESS (S	treet, city or town,	state)	200	7	ATE SIGNED	
.7:	SIGNATURE SIGNATURE	. /82061	fu's	_M.D. ,	Alex Fer	1.611	+ 1 kcf		pt S U	* WHC	1 3 %	
2.00	PHYSICIAN'S 1905	H H	vebre of	0								
	220. BURIAL, CREMATION, 22b. DATE THERE	OF 22c	NAME OF CEMETERY	OR CREMATO	RY	22d. LOCA	TION (City, town, o	or county)		(Stot	e)	
	Buria1 6-25-1	958	Methodist					Ceci1		1	d	
	23. FUNERAL DIRECTOR'S SIGNATURE	North	ADDRESS East, Mary1	and		D BY REGIS		STRAR'S SIG				
			The same of the sa		DATE	2 6	158 1719	- Leste	JU/A			

may be recained by the haspital or ottending physicion.

TO FUNERAL OFFICTOR: After this certificate has been signed by the ottending physician and completely filled in 4y the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 at 2 should be filed with the registror prior to burial, cremation, or remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 VS A15 (4) 1SM 9/55

M



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Ttem 6746 with director deoth' Page PLACE OF DEATH a. COUNTY be filed MARYLAN funeral b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN RURAL and give nearest town) should after (d NAME OF HOSPITAL (If not in hospital, give street address) 65 OR INSTITUTION within 24 hours 2210 3. NAME OF first Middle Filled DECEASED (Type or print) OVGR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED completely WIDOWED [7] DIVORCED [executed papers 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)

Lineman

Telephone Co du 13. FATHER'S NAME certificate be Millard Reeder 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 71-10-6769 no please death 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) that the 420.0 **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO cattle (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 0 ATTENDING PHYSICIAN: The 20° ACC. DENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCU MEDICAL 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e Year 0. m. While Not while at work at work I certify that I attended the deceased fram oned by the DIRECTOR: and that de **ACTUAL** SIGNATURE

22b. DATE THEREOF

6-27-1958

22c. NAME OF CEMETERY OR CREMATORY

Ferryville, Md.

Green Mount Cemetery

DATE

C/	ATE OF DEATH	Reg. Dist. No. 06748
_	T	
		ons Residence before admission)
D	a. STATE PANNA 5 COUNTY	/XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Ь	c. CITY OR TOWN (If outside corporate limits, write RI	
	011	- C
	C 125+63:	
	d. STREET ADDRESS	e, IS RESIDENCE
	2 ng mithet	ON A FARM? YES NO [7]
==	1 100 10 13 21	YES NO I
	4. DATE Mont	th Day Year
	19peder DEATH /UM	e 24 19 58
- 1	8. DATE OF SIRTH 9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
ا د	lost birthdoy)	Months Days Hours Min.
	Approx. 69 ym.	Thomas Doys (1001) William
DŲ:	STRY 11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
		U.S.
	Pennasylvania	0. 0.
	14 MOTHER'S MAIDEN NAME	
	Annie Reedy	
7 1		
-	71001	
1	Mospital Records, Union	Hosp. Elkton,
1		INTERVAL BETWEEN
	icclusion.	2-days
	1 1 1 .	
	I'm diam of Paran	1000
8	176 MEG 41 11 19058	7555
BLIT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	EN IN PART I(a) 19. WAS AUTOPSY
y (, i	NOT RECALED TO THE TERMINAL DISEASE CONDITION GIVE	PERFORMED?
		YES NO
RRE	D. (Enter nature of injury in Part I or Part II of item 18.)	
PL	ACE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
TOR	ctory, street, office bldg , etc.)	
nf	1958, to 2-3 Just 1958	,that I last saw the deceased
nt la	Design Charles .	
uiil		nd an the date stated above.
	ADDRESS (Street, city or town, t	itote) DATE SIGNED
	M.D. Cecilton.	
, ,	Man	rvland

22d. LOCATION (City, town, or county)

240. REC'D BY REGISTEAN 5 8245. R GISTARY SIGNATURE

(State)

TO HOSPITAL poge may o VS A15 (4) 15M 9/S5 PHYSICIAN'S

NAME (Type)

22a. BURIAL, CREMATION.

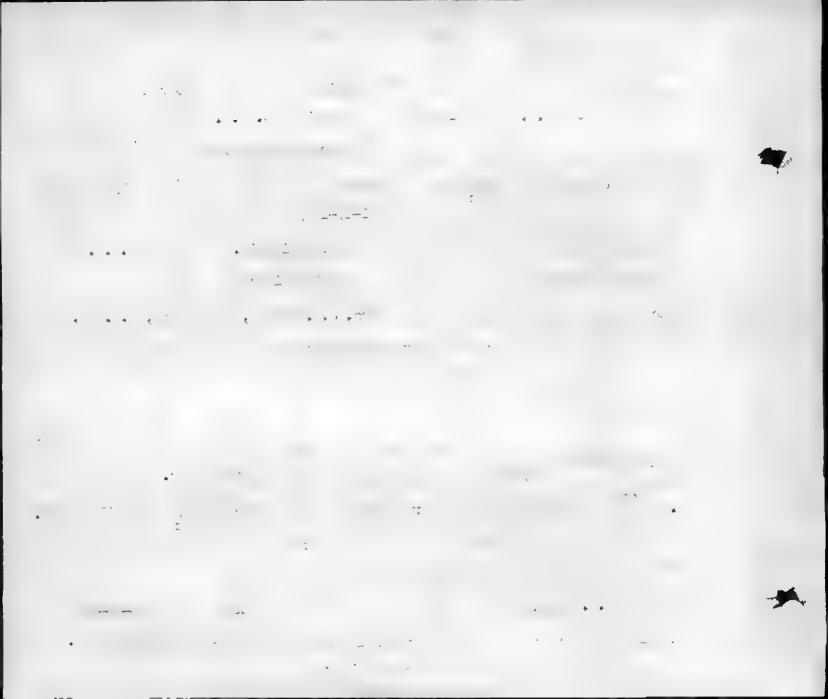


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AND CYAYES	
FOR STATE	5
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HEALTH DEPT.	
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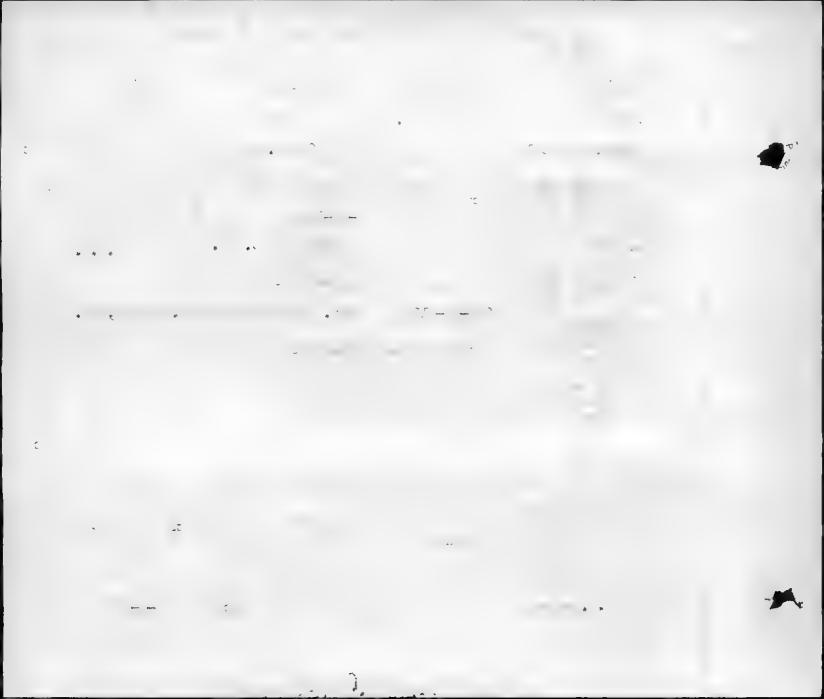
5M 2/57

S TO DEPUTE MINICAL EXAMINER: This certified

×1 >			AND STATE DEPARTM			/\ (\) \$66 # # #
FOR STATE		6760	DICAL EXAMINER	'S CERTIFIC	ATE OF DEA	TH Reg. Dist. No. (16749)
EALTH DEPT.	7, PLACE OF DEATH	TOTAL COLUMN	A	11		If institution Residence before admission)
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	end give nearest town)			c CITY OR TOV	,	its, write RURAL and give nearest town)
d of	North		not in hospital, give street oddress)	North .	Easte R.D.	Is RE. D. N. f
Bogo di	and the same of th		Hus in nospitol, g ve sites oddress;	/	Trailer Camp	ON A FARM? YES NO
deo f	3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month Doy Year
the character the	(Type ar print) 5. SEX	6. COLOR OR RACE	Sylvester ARRIED NEVER MARRIED	lehrer	DEATH 9 AGE (I	6 158 A years IFUNDER TYEAR IF UNDER 24 HA
3 to with with urs o	16		W DOWED DIVORCED	1-17-1909	fact birth	doy) Months Days Hours Min
ond d 2 hox	100. USUAL OCCUPATIO	N (Give kind of work do	one 106 KIND OF BUSINESS OR INDU			12 CITIZEN OF WHAT COUNTR
Pog an 7	during most of working		Trucking	Penns	vlivania	U.S.A.
Milis N	13. FATHER'S NAME			14. MOTHER'S MAIL	A	7 1040 47 8
Pog Pog Pog ent v		d Rehrer		Fannie 1	Weirick	
Sive P	15. WAS DECEASED EVE	R IN U. S. ARMED FORE	PVICE)	INFORMANT		Address
	300		198-10-7064	Mrs. J.S.R	sherem North	East, R.D. Md.
m Time Time Time Time Time Time Time Tim	l I	'H. {Enter only one coust H. WAS CAUSED BY:	per line for (o), (b), and (c).			ONSET AND DEATH
1 4 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	,	IMMEDIATE CAUSE (a)	Garbon monexide	gas_poise	ning	12 Tables
History and American	Canditions, if as	DUE TO				
Per Carlot	gave rise to immed	late cause	4 A X X X X X			
, in a contract of the contrac	(a), stating the u	(c)_				
Ting.	FART II. OTH		ITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE CONDIT	ION GIVEN IN PART I(0) 19, WAS AUTOPSY PERFORMED?
Sol 8	3					YES NO
ol, o	PART II, OTH PART II, OTH POD. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	SE WAS STRIBUTING [] 20b	DESCRIBE HOW INJURY OCCURRED			
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केट्ट व केट्ट व	Bour 232	Month, Day, 140	While Not while to	ctory, street, office bldg	, refc.)	(County) (Stole)
ting the prior		0) 2505	of the remoins described ob	ds:	North Ea	st Cecil Md.
of Po			oturol causes []. Accident	,		
ge de la company	Opinion decini	Dall	Olorof causes [], Accident	, Suicide	j, Flormelde [_j, (Indetermined monner
rtifi PREC	ACTUAL	1 KM	10 colon	CHIEF MEDIC	CAL EXAMINER [DATE SIGNED
2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		010		ASSISTANT M	AEDICAL EXAMINER	
des:	EXAMINER'S NAME (Type)	R.C. Dodson		DEPUTY MED	ICAL EXAMINER	6-06-58
Share HUN His	22a. BUR AL, CREMAT O REMOVAL (Specify)		27c. NAME OF CEMETERY C	R CREMATORY	22d LOCATION (City	, lown, or county) (State)
9 4 0 p	Burial	June, 28,1	958 Belsir Memer	ial Gerden	Belair	Harford Md.
. A15ME	22 TUNERAL DIRECTOR	y mp	Abinadon Ma	240	MEC'D BY REGISTRAT 24	BUT ESUCA
M 2/57	Howard	1/le com	Abingdon, Me	arytand. DAT	E GOM 3 O 23	Charles and a second as a
		1100				



1			MARYLAND STATE DEPART	MENT OF	HEALTH-BA	ALTIMORE,	18	
	1)	•	MEDICAL EXAMINE	R'S CERTI	FICATE O	F DEATH		0.6750
FOR ST			6747				Reg. Dist. No	no (90)
HEALTH	HEP1.	1,	PLACE OF DEATH	2 USUAL R	ESIDENCE (Where dec	eased lived. If insti	tution: Residence be	efore admission)
Poge .	H)	Ι.	Cecili Maryla	O STATE	ryland	P CON	Cecil	
Files.	37		CITY OF TOWN LT outside corporate Limits write PURAL C. LENGTH OF STAY IN		R TOWN (If outside o	orporale limits, write		nearest town)
sary.			and give nearest town)		7377 1.4			
26 70			Elkton 30 yrs	, d STREET	ADDRESS ADDRESS	1		e SEE DENTE
fail di								YES NO
A L		3	Union Hospital NAME OF First Archite		260 W. Mai			
dec fu			DECEASED	Lo	A DATE OF DEAT	Mon	th Day	
라는 라는			(Type or print) Sterling Silver	Reynold	101		and the second second second second	¹⁹ 58 _
of the state of th		5. 5	THE THE MICHELLE	B DATE OF BIRT	[H	9, AGE (In years less birthday)	Months Days	Hours Min.
- C - C - C - C - C - C - C - C - C - C			WIDOWED DIVORCED	5-15-1	.900	58 711		Troors Francis.
20 00 00 00 00 00 00 00 00 00 00 00 00 0		10a	LUSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INIting most of working life, even if retired)	OUSTRY 11 BIRTHE	LACE (State or foreign	n country)	12 CITIZEN O	F WHAT COUNTRY
5 . 6 . E			Mill hand Tiber mill	Ne	rth East.	Md.	II.S.	. A .
4 2 2 2 3 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5		13.	FATHER'S NAME	14. MOTHER	S MAIDEN NAME		0 00	
Poges Poges Poges			Richard Reynolds	A	na Lleyd			
A P P P P P P P P P P P P P P P P P P P	1	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1	7. INFORMANT	mist Time yet	Addres	n	
12 E		1100	i, no, or unknown) [II yes, give mor or do've of service] 21'8-01-81.30	25	Ctowline T	on Forma	The same	ur.a
3. B. S.		-	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) }	BL'S.	Sterling H	reAmorrare.		ROLO RYAL BETA (EN
The day			PART I, DEATH WAS CAUSED BY:				ONS	ET AND BEATH
di di di			MMEDIATE CAUSE (o)Acute Cerena	ry Threat	0518			
il ic			LLd13. V DUE TO					
8 6 9 5			Conditions, if any, which by gove rise to immediate couse					
a p a p a p a p a p a p a p a p a p a p			(o), stoting the underlying DUE TO					
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ding fraging office		8	PART II, OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO	O THE TERMINAL DISE	ASE CONDITION GI	VEN IN PART 1(6)	19. WAS AUTOPSY PERFORMED?
ence of lo		CEPTIFICATION						YES NO
Per		TER	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRE CAUSE OF DEATH.	Enler noture of	injury in Part Lor Part	II of item 18 }		
N Me		CER	CAUSE OF DEATH.					
the T		3	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e	PLACE OF INJURY	(Home, form, 120f (C	ity or town)	(County)	(State)
発売の終る		MEDICAL	Hour o.m. While Not while p m. 19 of work of work	lociory, sireet, offic	re bidg , etc.}			
Hings of the state		2	21. I certify that I taak charge of the remains described of	hous hald s	A	terminal III		1 .
A F D T				artifloria.	. prison			_
S S S S S S S S S S S S S S S S S S S			opinion death/resulted fram: Natural causes , Accide	if [], Suicid	de 🔲, Homicia	de ∐, Undet	ermined manne	er [
A STOP			ACTUAL // 0 / 0 /2 LD - 18 097 1					DATE SIGNED
Ent Fort	* 4		SIGNATURE	M.D CHIEF	MEDICAL EXAMINER			
A e e	×		EXAMINER'S	ASSIST.	ANT MEDICAL EXAMI	NER 🗌		
30 2 3			NAME (Type) R.C. Dedson.	DEPUT	Y MEDICAL EXAMINE	G _c	6-5-58	
Shave Shave		220	BURIAL, CREMAT ON 226 DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY	22d LO	CATION (City, Iown,	or county)	(Stote)
0 2 4 0 9			Burial June 8 1958 Elbton		5	Q4 Ton (ecio (Sud
pu pu	2	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		240 REC'D BY REG	ISTRAR 246, AEG	ISTRATES SIGNATUL	II)E
VS A15ME BM 2/57	4.0		Joseph R Frank		DATE JUN 9	'58 (£	In-educ!	
2 2 0.							_	A.62



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STILL MARK BITCH AND EXECUTED WITHIN 24 HOUR GIVEN OFFICE. IT GRY DEIGY IS DECESSED TO PROVIDE	pending" in pencil in Item 18. Give Toges 1, 2, and 2 to the funeral director. Page	Poge 5 may be reta. Ad for your files.	Sr Boord of Health,	deoth.		YI -	\ /
arrer acom. I only a	3ges 1, 2, mad is to the	MJ. Poge 5 may be a	File pages 1 and 2 with the St	1 within 72 hours after	I)
DON \$7 HILLIAN DONOLOGI	il in them, 18. Give Eq	s Office along with form PM3.	Ironsil permit. File p	movol, and in any event		1	,
	"pending" in penci	dical Examiner's Of	be used as a burial-t	I, cremotion, or rem			

PLACE OF DEATH o. COUNTY b CITY OR TOWN

d. NAME OF HOSP

3. NAME OF DECEASED (Type or print) A

	TATE DEPARTME LEXAMINER'S			ATH	06751
CCLI	MARYLAND	2. USUAL RESIDENCE OF STATE Y Land	<u>d</u>	b. COUNTY .	ecil
OT TAL OR INSTITUTION (If not in hosp	A.l life	d STREET ADDRESS	kton, R.		e IS RESIDEN E
on Hospital verta fiet Ame	Middle Roth	White H	4. DATE OF DEATH	Month 6	Poy Yeor 6 19 58
6 COLOR OR RACE 7. MARRIED WIDOWED ION (Give kind of work done 10b. KI	DIVORCED	4-10-190	03	55 yrs. Months	R TYEAR IF UNDER 24 HRE Days Hours Min.
ing life, even if retired)	House work		. Md.	Secretary and the	U.S.A.
TEE Crothers VER IN U. S. ARMED FORCES? 16. 5		IFORMANT	Lynch	Address	
	AT	thur M. Ro	Thurs!	Eleton	1173

5. SEX 100 USUAL OCCUPAT during most of work H use 13. FATHER'S NAME Geo 15. WAS DECEASED E [Yes, no. as unknown] no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Acute Coronary Occlusion PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Candilians, if any, which] gave rise to immediate cause **DUE TO** (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, | 20f. (City or fawn) (County) (Slote) factory, street, office bldg., etc.) Hour o. m. While Not while at work of work p. m. 21. I certify that I taok charge of the remains described above, held an Autapsy . Inspection . Inquiry and in my Accident , Suicide , Homicide , Undetermined manner opinion death resulted from: Notwood causes 📆 ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 6-6-58 NAME (Type) R.C. Dodson DEPUTY MEDICAL EXAMINER-220. BURIAL CREMATION, 226 DATE THEREOF 27c. NAME OF CEMETERY OR CREMATORY 22d LOGATION (City, fown, or county) (State) REMOVAL (Specify) 23. FUNERAL D RECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

2 VS A15ME 5M 2/57

FUNE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6749 CERTIFICATE OF DEATH

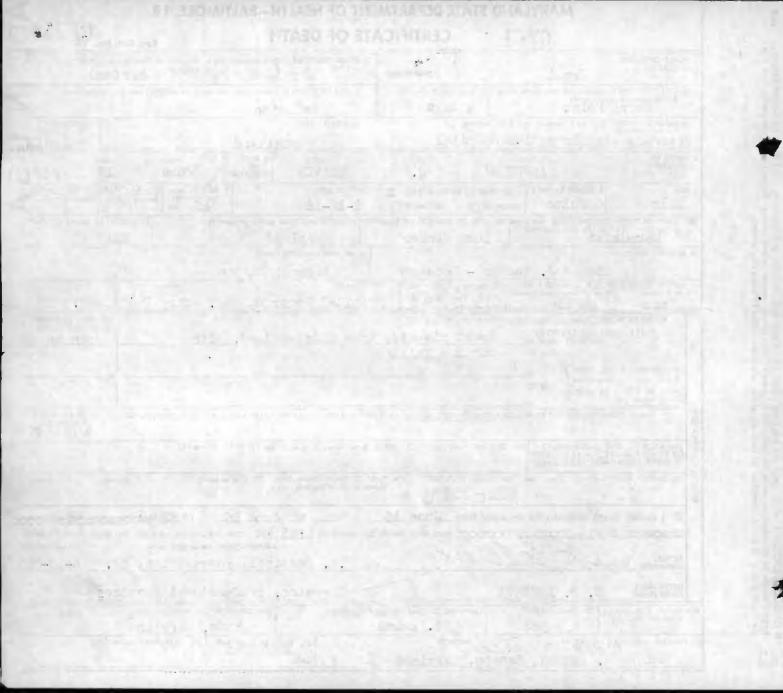
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Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY COLCLE MARYLAND	STATE WORGLAND COUNTY COLLY
OR end give corporate hunts, write RURAL LENGTH OF STAY (in this piece)	City (it outside sofperate limits, write RURAL and give nearest town) OR
TOWN GLE ON	X TOWN EURLEWI - RN
HOSPITAL OR INSTITUTION OR I	STREET (If rural give location)
STREET ADDRESS MUCH STEELS COLOR IN	ADDRESS (Oberyland
3. NAME OF (First) () (Middle)	(Lest) 4. DATE (Month) (Day) (Year)
(Type or Print)	Myder DEATH WILL 1615 1958
SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE (
male while specification will	8 2 7 - 18 78 80 (y). Months Days Hours Min.
Oe. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR NDUSTRY	11. BHRIHPLACE (State or foreign country)
retired) Valotice 1471. NE	100mon - 1016 -00, 5.0
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
nevansing	- MORNOW
S, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17 NFORMANT & ADDRESS
Yes, no, or unk.) (If Yes, give wer or dates of service) 169-10-51	16 Reginald C. Drocoti
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL LETWEEN ONSET AND DEATH
1001973	exconoss lace 20 trb
33/X IMMEDIATE CAUSE (A)	
DISEASES OR CONDITIONS, IF ANY, (B)	MSCON TOURISM White Salvous
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C) IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
D SEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO I
21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc.] (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e, INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. el work et work	
22. I hereby certify that I attended the deceased from Will 2.7.	, 19 5 J, to Wolf 6, 19 5 A, that I last saw the deceased
alive on death occurred a	
SIGNATURE TA A MCO / 4/	CAPPRESS (Street, city, town, stete) DATE SIGNED
MD.	6 KKUTI - 1 WUYENE 6-18-19-36
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	D
PURIAL 6/11 1 - 54 -1	I = K COM AdAMS pure /A.
24. REC'D BY REGISTRAR PEGISTRAP'S SIGNATURY	2S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE JUN 20 '58 Westedich	Ada a fee a secondary for Extension for

		676	CE	RTIFICA	TE OF DEATH	1	R	eg. Dist. No.	AR 194
1.	PLACE OF DEATH	Cecil	PARTY AND	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Maryl	-	. If institution: b. COUNTY	Residence before Harford	
1	RURAL and give n	If outside corporate limits, we expest town). Point	c. LENGTH OF		c. CITY OR TOWN (IF o		mits, write RURA	AL and give near	est fown)
,	OR INSTITUTION	TAL (If not in hospital, give sidministration			d. STREET ADDRESS	iral		e	IS RESIDENCE ON A FARM? YES AND A
3.	NAME OF DECEASED (Type or print)	First ALPHO		Middle	WEAVER	4. DATE OF DEATH	Month June	Doy 19	Yeor 19 58
5.	sex Male	6. COLOR OR RACE 7. White win		MARRIED (3)	1-18-16	los		UNDER 1 YEAR I	F UNDER 24 HRS. Hours Min.
10	during most of war Machin	ON (Give kind of work done king life, even if retired)	Shop Wo		TRY 11. BIRTHPLACE (Stote Marylan			12. CITIZEN OF	WHAT COUNTR
13	FATHER'S NAME	Thomas J. Wea	ver - Dec	eased	Margaret				
	WAS DECEASED EVE	R IN U. S. ARMED FORCES? (If yes, give wor or doles of service) WW II		ITY NO. 17. 12	ospital Recor		Address		Md.
	4343	DUE TO							
FOW		mmediate DUS TO		failure		NAL DISEASÉ CON	IDITION GIVEN	IN PART 1(a) 19	PERFORMED?
CERTIFICATION	gove rise to it couse (a), stating lying couse last. PART II. OT	the under (c)	ONS CONTRIBUTING	TO DEATH BUT				IN PART 1(a) 19	. WAS AUTOPS' PERFORMED? YES NO
i.	gove rise to it couse (a), storing lying couse lost. PART II. OT ZOO. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 20c, TIME OF INJUI	The under the un	ONS CONTRIBUTING	TO DEATH BUT JURY OCCURRED RED 20%, PLA	NOT RELATED TO THE TERMI	Port I or Part II of	item 18.)	IN PART I(d) 19 [County]	PERFORMED?
MEDICAL CERTIFI	gove rise to it couse (o), storing lying couse lost. PART II. OT 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUITHOUT a. m. p. m. 21. I certify the contract of th	mmediate the under. DUE TO the under. (c) HER SIGNIFICANT CONDITION AS UNDERLYING [20b.	DESCRIBE HOW IN. Od. INJURY OCCURR White Not white work of wark ceased from	JURY OCCURRED 20e. PLA foc June 15 I that death	NOT RELATED TO THE TERMI D. (Enter nature of injury in lace OF INJURY (Home, farm tary, street, office bldg., etc., 19, to., accurred at 4:45. M.D. V.A. Hospi Director,	Port I or Part II of 20f. (City or to:) Lune 19 AM, from the ADDRESS (Street, c. tal, Per	item 18.) wn) 19.58.1 couses and city or town, sto ry Poin ional S	(County) thex dectors d on the data te) it, Md.	PERFORMED? YES NO (Stall
MEDICAL CERTIFI	gove rise to couse (o), storing lying couse lost. PART II. OT 200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTITY) 20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the contract of the c	the under the un	DESCRIBE HOW IN. Od. INJURY OCCURR Thile Not white of wark ceased fram. J	JURY OCCURRED SED 200. PLA foc June 15 State death OF CEMETERY OF	D. (Enter nature of injury in lace of INJURY (Home, farm tary, street, office bldg., etc., 19, to., accurred at 4:45. M.D. V.A. Hospi Director, R CREMATORY	20f. (City or to:) 20f. (City or to:)	wn) 19_58,t couses and city or town, sto ry Poin ional S (City, town, or c	(County) the dether d on the data te) at, Md. Gervices	PERFORMED? YES NO E (Sta DATE SIG 6-19- (State)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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10	may be refained by the hospital or attending physician. TO FUNER DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 or 1 should be filled with	-		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	TO FUNERAL MRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, and the defection of a standard by the funeral director. Pages 3 sharing be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 or 1 should be filed with	,		

		8	76.	CERTIF	ICA	TE OF D	EATH				Reg. Di	ist. No.	96	755	
PLACE OF DEATH G. COUNTY Gecil				MARYL	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY										
	b. CITY OR TOWN (If outside corporate limits, wri RURAL and give negrest tawn) Perry Boint			c. LENGTH OF STAY II	1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park									
	d. NAME OF HOSPITAL (OR INSTITUTION Veterans Adn	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?													
3.	NAME OF DECEASED		LOIL	Middle			Lost			Monti		Day	YES NO		
	(Type or print)	WALTH		A.		WHEAT	LEY	OF DEATH		June	9	26		19 58	
5.	Male 6.		7. MARR	DIVORCED		6-1-190	5		9. AGE (In lost birt	yeors hdoy) yrs.	Manths	Doys Doys	Hours	R 24 HRS. Min.	
10	during most of working Chauffeur	Give kind of work d life, even if retired)		axicab Com			E (Siete e		unity)		12. CI		F WHAT	COUNTRY?	
3.	FATHER'S NAME		-		14. MOTHER'S MAIDEN NAME						0.072				
		Warnick	Florence Hedricks												
15. (Yi	WAS DECEASED EVER IN 10 or unknown] [If yes	U. S. ARMED FORCE		social security No. unknown		FORMANT spital R	ecord	ls, VA	Н, Ре	Addr		nt, 1	id.		
ATION	Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED?														
CERTIFIC.	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) YES NO NO NO NO NO NO NO N														
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. P. m. VA 19 at work at work at work 19 at														
	21. I certify that	attended the	deceose	d from May	9	, 19 <u>58</u> ,	lo_J	une 2	61	9 58	HEEKK	16MDER	CHIC	ବର୍ଷ କରା ର ଣ	
	ACTUAL SIGNATURE	M.D. V.A. HOSPITAL, Perry Point, Md. 0-20-58													
	PHYSICIAN'S NAME (Type)	V. M. HARI	RIS			Actin	g Dir	ector	, Pro	fess	siona	1 Se	rvi	es	
20	BURIAL CREMATION,	22b. DATE THEREOF	58	22c. NAME OF CEMEN		CREMATORY National		22d. LOCAT	ion (City.			inia	(State)	
3.	Penning	ton & Son	Ba	ADDRESS Vre de Grac	e, N	ld.	4a. REC'D	ableia	RAR : 5 846	REGIS	TRAR'S SH	GNATUR	ch		
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